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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J84830

(5)

1. Corporation Name  
RAIDER CONSTRUCTION, INC.



Principal Place of Business  
RAFFA ASSOCIATES INC.  
4336 NE 5 AVE.  
FT. LAUDERDALE FL 33334  
US

Mailing Address  
JOSEPH W. RAFFA  
4336 NE 5 AVE.  
FT. LAUDERDALE FL 33334-3104  
US

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>07/29/1987   | 3a. Date of Last Report<br>01/26/1996 |
| 4. FEI Number<br>66-0437895   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br>RAFFA, JOSEPH WILLIAM<br>4336 NE 5 AVENUE<br>FT. LAUDERDALE FL 33334 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |
|---|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RAFFA, JOSEPH<br>2824 NE 3 TERRACE<br>WILTON MANORS FL         | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP | PRESIDENT & TREASURER<br>JOSEPH W. RAFFA<br>4505 N.E. 23 AVENUE<br>FT. LAUDERDALE, FLA. 33308 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>RAFFA, FRANK T<br>2310 NW 6 AVE.<br>WILTON MANORS FL 33311     | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP | VICE PRESIDENT, SECRETARY<br>FRANK T. RAFFA<br>3 SUNSET LANE<br>POMPANO BEACH, FLA. 33062     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RAFFA, PATRICK<br>2310 NW 6 AVE.<br>WILTON MANORS FL 33311     | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>RAFFA, D T<br>4011 NE 28TH AVE.<br>LIGHT HOUSE POINT FL 33064 | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: JOSEPH W. RAFFA, PRES. *Joseph W. Raffa* 1-23-97 954-563-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)